



Best Practices in Egypt:

Working with Private Sector Physicians and Pharmacists (Ask/Consult)



**An Ask/Consult network pharmacist offers advice to a woman in a
TAHSEEN/CATALYST renovated clinic**

The CATALYST Consortium is a global reproductive health and family planning activity initiated in September 2000 by the Office of Population and Reproductive Health, Bureau for Global Health of the United States Agency for International Development (USAID). The Consortium is a partnership of five organizations: Academy for Educational Development (AED), Centre for Development and Population Activities (CEDPA), Meridian Group International, Inc., Pathfinder International and PROFAMILIA/Colombia. CATALYST works in reproductive health and family planning through synergistic partnerships and state-of-the-art technical leadership. Its overall strategic objective is to increase the use of sustainable, quality reproductive health and family planning services and healthy practices through clinical and nonclinical programs.

Mission

CATALYST's mission is to improve the quality and availability of sustainable reproductive health and family planning services.

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

Best Practices in Egypt: Working with Private Sector Physicians and Pharmacists

THE NEED

With USAID set to begin phase-out of contraceptive funding in 2006, Egypt must look to the private sector to increase the availability and supply of reproductive health/family planning (RH/FP) products and services. Although 22 percent of private doctors and 16 percent of pharmacists provide more than one-third of Egypt's family planning methods,¹ there remains a strong reliance on the public sector as a source of RH/FP products and services, particularly among middle and upper middle income RH/FP sectors. In addition, areas such as Upper Egypt have RH/FP indicators that are much lower than the national average. For example, the Egyptian Demographic Health Survey reported in 2003 that the total fertility rate (TFR) in Upper Egypt was 3.8 children per women compared to the national average of 3.2; in Upper Egypt, 49.4% of married women used an FP method (either modern or traditional) as compared to 60% of women nationwide.²

The Egyptian government needs to take advantage of all information and service channels, including those offered by private providers to improve the RH/FP of underserved populations in hard-to-reach areas. However, neither private sector physicians nor pharmacists have regular access to information about advances in medical care. Mechanisms are needed to train, update, and mobilize these private providers to ensure their clients receive accurate information and quality care.

In 1994, Pathfinder with USAID funding,³ developed the Ask/Consult Network to expand the role of physicians and pharmacists in implementing the country's ambitious RH/FP agenda. The project made substantial progress in training physicians and pharmacists in major cities. Nonetheless, physicians and pharmacist in hard-to-reach areas were not reached. Similarly, the database of providers developed at that time was not able to include all private providers in Egypt.

THE TAHSEEN SOLUTION

Recognizing the pivotal role that private sector providers play in the provision of RH/FP products and services, TAHSEEN⁴ built on existing USAID investment and took the Ask/Consult network to the next level by intensifying training and greatly expanding its geographic scope. Specifically:

Updated and expanded the database. TAHSEEN conducted an exhaustive revision of the database by collecting information from the Ministry of Health and Population (MOHP) licensing department, as well as from medical and pharmaceutical syndicates on *all* providers

1Egypt Interim Demographic and Health Survey 2003, Fatma El-Zanaty and Ann A. Way, 2004. Cairo Egypt: Ministry of Health and Population [Egypt], National Population Council, El-Zanaty and Associates, and ORC Macro.

2 Egypt Interim Demographic and Health Survey 2003

3 The Private Sector Project for Family Planning Project, implemented through the Pathfinder Pop IV Consortium of Egypt and its technical subcontractors, the Johns Hopkins University Center for Communication Programs, and the Futures Group International.

4 *Tahseen Sihima Bi Tanzeem Usrima* (TAHSEEN) is USAID/Egypt funded seven-year reproductive health and family planning (RH/FP) country project which CATALYST assisted to implement.

in the country. This information was validated in many instances through follow-up visits and phone calls. Information was also added for each member on previous trainings and fields of interest, so the database could track member training needs and preferences. The database was also expanded to include relevant NGO, university, and health insurance staff.

Leveraged private sector support for member training. TAHSEEN brokered a partnership with Bristol Meyers Squibb (BMS) to provide additional training to Ask/Consult members. BMS provides lectures on health topics to private providers twice a month and provides product donations to TAHSEEN clinics.

Researched member views and contraceptive availability. TAHSEEN surveyed a sample of network members to learn more about their needs and how they viewed the network. In addition, TAHSEEN assessed the demand for contraceptive commodities at member pharmacies and the extent to which commodities were available at those pharmacies. TAHSEEN provided this information to USAID projects involved with contraceptive security.

Improved the skills of private physicians. TAHSEEN offered training to 1,888 private physicians in eight Upper Egypt governorates. The objective of the training was to ensure that private physicians could provide quality care and disseminate RH/FP messages consistent with those disseminated by renovated clinics, NGOs, community leaders, and the media in TAHSEEN-intervention communities. Trainings consisted of one-day sessions on current RH/FP knowledge, focusing on the needs of newlyweds, postpartum clients, and couples who wished to either space or limit births. At the training sessions, clinical scenarios helped physicians address misconceptions about family planning, particularly regarding hormonal methods. Sessions were followed by one-day workshops, organized in collaboration with Minia University Medical School, in which physicians were introduced to the concept of evidence-based medicine (EBM) through roundtable discussions with university professors and shown how to access the latest medical evidence on the Internet. TAHSEEN also prepared quarterly newsletters that applied EBM to RH/FP topics that were distributed to the entire network of private physicians and pharmacists.

Improved the skills of private pharmacists. TAHSEEN conducted one-day trainings for 2,835 private pharmacists in eight governorates of Upper Egypt to correct common misconceptions about RH/FP and increase knowledge through RH/FP case studies. Again, the content focused on the RH/FP needs of newlyweds, postpartum clients, and couples wishing to either space or limit births. The goal of the training was to help pharmacists become stronger family planning resources for their customers and to ensure the RH/FP information they provided was consistent with that of other TAHSEEN partners. A follow-up day of training is now being developed on business practices and ethics. A major message of this follow-up training is that pharmacists benefit when they act in their customers' best interest (e.g. by referring them to clinics when they cannot supply the customer's desired contraceptive

Involved private providers in community mobilization. TAHSEEN recognizes the influence private physicians and pharmacists have in their communities. When TAHSEEN invites community leaders from across a district to attend community-mobilization and RH/FP trainings, it also invites private sector providers. As a result, these professionals contribute in many communities to the spread of critical TAHSEEN messages about optimal birth spacing, delay of marriage, and postabortion care. Some pharmacists are now serving on clinic boards and are finding ways to mobilize support for local clinics.

Prepared for sustainability. Private providers have appreciated receiving TAHSEEN's quarterly EBM medical updates. To create a sustainable source of state-of-the-art medical information, TAHSEEN is working with the Minia University Medical School to help it establish a center for EBM. TAHSEEN has trained university staff on the concept of EBM and how to collect and disseminate relevant evidence. TAHSEEN is now working with staff to determine how to best disseminate updates. As part of its collaboration effort, TAHSEEN will release the network in June 2005 to the USAID-funded Communication for Healthy Living Project. This project can further expand training to include maternal-child health topics.

RESULTS

Private provider database complete and operational. The database has been fully expanded and now includes training and contact information for 22 governorates including 12,309 private physicians and 27,956 pharmacists—nearly all the private providers in the country. TAHSEEN intends to develop local networks based on the available database, mainly within the current intervention areas, to produce counseling centers that complement the work of the clinics. Currently, TAHSEEN and MOHP are discussing the possibility of involving this proposed network in CSR.

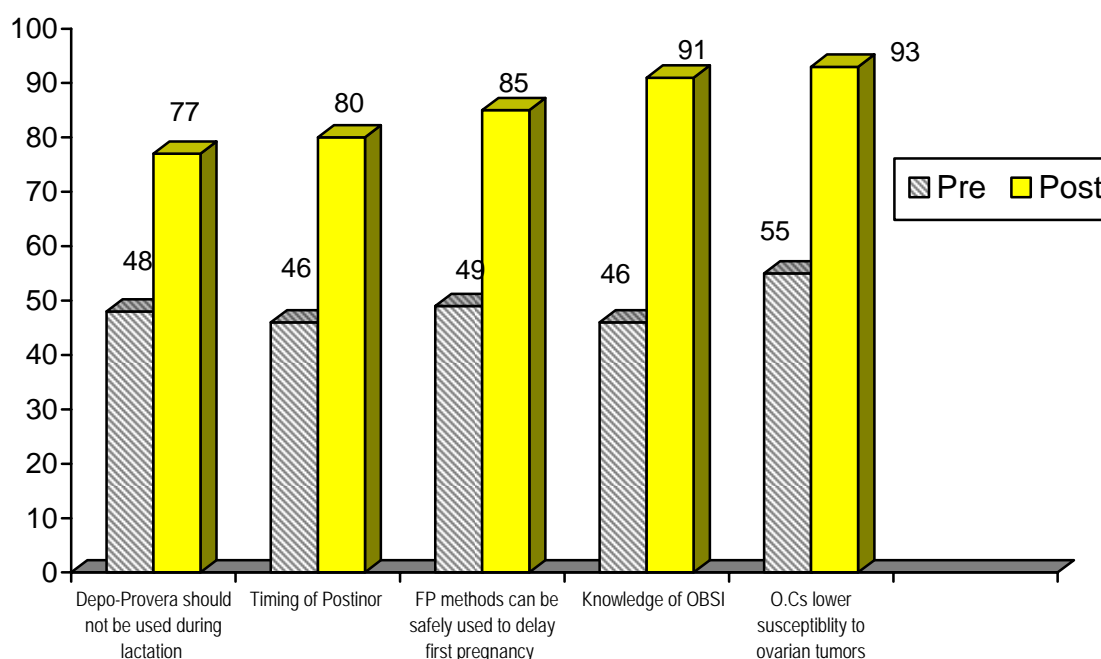
RH/FP training conducted. A total of 2,835 pharmacists and 1,888 physicians have received the Ask/Consult training, which represents 32% and 36% respectively of all pharmacists and physicians in eight governorates in Upper Egypt. The table below provides the training breakdown by governorate.

Network member knowledge increased. Pre- and posttests administered during the Ask/Consult training demonstrated a significant improvement in provider knowledge of contraceptive side effects and risks, as well as contraceptive methods appropriate for women at different stages in their reproductive lives. For example, table 1 illustrates the pre- and posttraining knowledge of RH/FP issues for physicians receiving the Ask/Consult training in the first quarter of 2005.

Table 1: Knowledge of Physicians Pre/Post Ask / Consult Trainings (n=1114)

Knowledge question	Pre	Post	Chi square	P-value
FP methods can be safely used with nonmigraine related headaches	34%	81%	502.36	<.001
Depo-Provera does not increase risk of osteoporosis	43%	83%	383.08	<.001
Hormonal contraceptives can be safely used with family history of breast cancer	44%	83%	366.46	<.001
IUDs do not increase risk of PID	28%	84%	709.32	<.001
FP methods can be safely used to delay first pregnancy	54%	92%	407.69	<.001

Graph 1: Knowledge of Pharmacists Pre/Post Ask / Consult Training (n=1963)*



* All results were significant ($p < 0.001$). Depo-Provera should not be used during lactation ($\chi^2 = 353.12$); Timing of Postinor ($\chi^2 = 486.09$); FP methods can be safely used to delay first pregnancy ($\chi^2 = 575.97$); Knowledge of OBSI ($\chi^2 = 920.26$); O.C.s lower susceptibility to ovarian tumors ($\chi^2 = 737.11$).

Importance of private sector acknowledged. The governors of Fayoum and Beni Suef, recognizing the potential of private sector providers to contribute to governorate health objectives, have introduced private provider representation to their High Committees for Family Planning—high-profile committees chaired by governor-appointed representatives from various ministries and NGOs.

Physicians apply new knowledge. In household surveys in sentinel sites we found that FP counseling for PAC clients has increased in the private sector from 29%-40% of cases ($p<0.01$).

LESSONS LEARNED

Information can be a powerful incentive for private sector participation in public-private partnerships. Companies were eager to access the Ask/Consult database and, in exchange, offered training as well as in-kind and cash donations for RH/FP activities.

Name recognition and length of program can encourage private sector participation in partnerships as well. The Ask/Consult logo is widely recognized in Egypt, and companies were enthusiastic to align themselves with an established, well-received RH/FP program.

Adding to existing programs can leverage previously spent USAID funds for greater impact. Completing the existing Ask/Consult provider database was faster, more efficient, and less expensive than starting from scratch.

Because the success of the provider network is determined by the knowledge, skills, and actions of each network member, it is important to standardize the skill base of the membership.

Private sector providers in remote areas are motivated to continue education opportunities and to share new RH/FP information with their clients and the community.

Orientation and training serve as avenues of communication where deficiencies in the supply of contraceptives and other issues can be highlighted.

It is important to use evidence-based medicine in round table discussions to resolve conflicts of opinion and create a common understanding that responds to the questions and concerns of the customers.

CONCLUSION

TAHSEEN's activities to develop and promote the Ask/Consult network have gone far in increasing the awareness of private sector physicians and the pharmacist's role in RH/FP. TAHSEEN has also activated a national system for improving the knowledge base and information resources available for physicians and pharmacists. With correct and consistent RH/FP information, private sector providers can better serve clients and ensure their RH/FP needs are met.

